



PLAN INFORMATION FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(1)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
CONTRACT_NAME	Char(50)	
PLAN_NAME	Char(42)	
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
MA_REGION_CODE	Char(2)	Plan service area (Regional MA plans only)
PDP_REGION_CODE	Char(2)	Plan service area (PDP only)
STATE	Char(2)	2-character State code (Local MA plans only)
COUNTY_CODE	Char(5)	5-character SSA State/County code (Local MA plans only)

FORMULARY FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
FORMULARY_VERSION	9(5)	Unique version number
NDC	Char(11)	11-digit NDC associated with the drug product (name/form/strength)
TIER	9(2)	Cost share tier associated with this drug product
QUANTITY_LIMIT_YN	Char(1)	Is there a quantity limit (other than 30 or 34 days) on this drug product? (Y/N)
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for this drug product? (Y/N)
STEP_THER_GRP	Char(1)	Is this drug product part of a step therapy group that requires other drugs be tried first? (Y/N)

BENEFICIARY COST FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
COVERAGE_LEVEL	9(1)	Coverage type for beneficiary with no subsidy. 1=copay/coinsurance, 2=coverage gap, 3=catastrophic
TIER	9(2)	Cost Share tier value
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30days, 2=90 days, 3=other
COST_TYPE_PREF	9(1)	Type of cost sharing at preferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_PREF	9(4)v9(4)	Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as \$\$\$\$cccc -- for example, 00100000 is interpreted as \$10.00. If COST_TYPE_PREF=2, this field is interpreted as a 4-decimal-place number -- for example, 00002500 is interpreted as 0.25 or 25%
COST_TYPE_NONPREF	9(1)	Type of cost sharing at nonpreferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_NONPREF	9(4)v9(4)	Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.
COST_TYPE_MAIL	9(1)	Type of cost sharing at mailorder pharmacies. 1=copay, 2=coinsurance
COST_AMT_MAIL	9(4)v9(4)	Amount of cost sharing at mailorder pharmacies. See description of COST_AMT_PREF.

GEOGRAPHIC LOCATOR FILE		
Field Name	Type(size)	Description
COUNTY_CODE	Char(5)	5-character SSA State/county code
STATENAME	Char(20)	State name
COUNTY	Char(30)	County name
MA_REGION_CODE	Char(2)	Plan service area (Regional MA plans only)
MA_REGION	Char(150)	Description of Regional MA region
PDP_REGION_CODE	Char(2)	Plan service area (PDP only)
PDP_REGION	Char(150)	Description of PDP region

PHARMACY NETWORKS FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PHARMACY_NUMBER	Char(12)	Pharmacy number: 5 zeroes followed by the pharmacy's 7-digit NABP pharmacy number
PHARMACY_ZIPCODE	Char(5)	ZIPCode for pharmacy
PREFERRED	Char(1)	Is the pharmacy preferred? (Y/N)
PHARMACY_RETAIL	Char(1)	Is the pharmacy a retail outlet? (Y/N)
PHARMACY_MAIL	Char(1)	Is the pharmacy a mailorder outlet? (Y/N)